

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/1717441 FILING DATE

APPLICANT(S)

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51	1				
2	1						52	1				
3		1					53	1				
4	1						54	1				
5		1					55	1				
6	1						56	1				
7		1					57	1				
8		1					58	1				
9		1					59	1				
10		cancel					60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14		1					64	1				
15		1					65	8				
16		1					66	cancel				
17		1					67	8				
18		1					68	1				
19		1					69	1				
20		1					70	1				
21		1					71	1				
22		1					72	1				
23		cancel					73	1				
24							74	1				
25							75	1				
26							76	1				
27		1					77	1				
28		1					78	1				
29		1					79	1				
30		2					80	1				
31		2					81	1				
32		2					82	1				
33		cancel					83	1				
34		1					84	1				
35		1					85	1				
36		2					86					
37		2					87					
38		2					88					
39		2					89					
40		2					90					
41		2					91					
42		2					92					
43		cancel					93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	9						TOTAL IND.					
TOTAL DEP.	89						TOTAL DEP.					
TOTAL CLAIMS	8						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS